

**NEVADA FINANCIAL DISCLOSURE STATEMENT**  
(Attach additional sheets if necessary.)

937 **FILE**  
JAN 5 2005  
Certified  
DEAN HELLER  
SECRETARY OF STATE

NAME William "Jeff" Johnson  
MAILING ADDRESS 5097 Kirkway Drive  
CITY, STATE, ZIP Winnemucca, NV 89445  
TELEPHONE 775-623-6316

LENGTH OF RESIDENCE IN NEVADA 28+ years  
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 10+ years

NRS 281.571(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

			ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b)	CANDIDATE (no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate) NRS 281.561(1)(a)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
Public Office	Annual Compensation	Term or Date Appointed			
Humboldt County Assessor	\$ 71,513	1/1/2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

	Self	Household Member
County Assessor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substitute teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

	Self	Household Member
Chase USA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

	Self	Household Member
Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

None	Specific Location	Particular Use

None	Donor	Value of Gift
		\$ 0
		\$
		\$
		\$
		\$
		\$

Date: January 4, 2005

Signature: 